PTO/SB/22 (09-06)
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)			Docket Number (Optional)	
FY 2006			0465-	-1339PUS1
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)			Filad	A147 2004
Application Number 09/835,559-Conf. #5910		Filed	April 17, 2001	
For EXTENDED INFORMATION DESCRIPTOR				
Art Unit 262	23		Examiner	S. P. Huynh
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.				
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):				
	*	<u>Fee</u>	Small Entity Fee	1
One i	month (37 CFR 1.17(a)(1))	\$120	\$60	\$
Two i	months (37 CFR 1.17(a)(2))	\$450	\$225	\$
X Three	e months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ 1,020.00
Four	months (37 CFR 1.17(a)(4))	\$1590	\$795	\$
Five months (37 CFR 1.17(a)(5)) \$2160		\$1080	\$	
Applicant claims small entity status. See 37 CFR 1.27.				
A check in the amount of the fee is enclosed.				
Payment by credit card. Form PTO-2038 is attached.				
The Director has already been authorized to charge fees in this application to a Deposit Account.				
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to				
Deposit Account Number 02-2448 . I have enclosed a duplicate copy of this sheet.				
I am the applicant/inventor.				
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).				
attorney or agent of record. Registration Number				
x	attorney or agent under 37 CFR	1.34.		
<u></u> .	Registration number if acting under		40,953	·
Extre Chore			Novem	ber 2, 2006
Signature		Date		
Esther H. Chong			(703) 205-8000	
Typed or printed name			·	one Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.				
Total of	1 forms are submitt	ted.		

11/03/2006 JADDO1

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